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Bib Data Sheet

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 09/610,402 | FILING DATE 07/05/2000 RULE - | CLASS 370 | GROUP ART UNIT 2731 | ATTORNEY DOCKET NO. MSGNT-001 |
| APPLICANTS Jonathan Stephen Levkoff, Hilton Head, SC ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/08/2000 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY SC | SHEETS DRAWING 7 | TOTAL CLAIMS 32 |
| | | | | INDEPENDENT CLAIMS 10 |
| ADDRESS Guy Perry Skadden Arps Slate Meagher & Flom LLP Four Times Square New York ,NY 10022 | | | | |
| TITLE Global communication method and system | | | | |
| FILING FEE RECEIVED 726 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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CONFIRMATION NO. 4157

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|---|--|-------------------------------|---|---|
| SERIAL NUMBER 09/610,402 | FILING DATE 07/05/2000 RULE | CLASS 709 | GROUP ART UNIT 2152 | ATTORNEY DOCKET NO. MSGNT-001 |
| APPLICANTS Jonathan Stephen Levkoff, Hilton Head, SC; Peter A. Rinfret, Greenwich, CT; Michael Elling, Mendham, NJ; Sunir Kochlar, Franklin, TN; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/08/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY SC | SHEETS DRAWING 7 | TOTAL CLAIMS 32 |
| | | | | INDEPENDENT CLAIMS 10 |
| ADDRESS Guy Perry Skadden Arps Slate Meagher & Flom LLP Four Times Square New York ,NY 10022 | | | | |
| TITLE Global communication method and system | | | | |
| FILING FEE RECEIVED 726 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |